

ELEVENTH ANNUAL

REPORT

OF THE

**Suffolk**

LUNATIC ASYLUM.

DECEMBER 1848.

**Woodbridge:**

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1849.

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# REPORT.

THAT general summary view of the state of the Asylum, which is again taken as usual, at the end of another year, presents some not unimportant features, connected with its internal economy and order. The copious register of patients admitted, the great diminution of mortality, the increased proportion of discharged patients, and the health and comfort, which with very slight interruptions, has prevailed throughout, are facts of very favourable import. The Report, as made up to day, is as follows:—

*State of the House, December 22, 1848,*

	Males.	Females.	Total.
In the House, December 31, 1847, ..	116	134	253
Admitted since .....	31	51	82
	147	185	332
	Males.	Females.	Total.
Discharged, cured ....	13	25	38
Relieved ..		2	2
Died .....	11	16	27
	24	43	67
Remaining in the House, Dec. 22, 1848,	123	142	265

This table presents a very large preponderance of female admissions ; and with the exception of the year 1839, beyond what there ever has been since the first opening of the Asylum : and it shews that on this side alone there are twenty more patients than there is suitable accommodation for, or than the House, as at present arranged, can contain, and secure at the same time that proper classification and actual supervision which is indispensable to its welfare. To meet this emergency, we have occasionally been able to devote the male Fever-ward to a few of the females ; and this appeared preferable to crowding several together in dormitories provided as single rooms, (a method in many respects very objectionable :) but now this resource is cut off by the male side being full ; and the question still returns in undiminished difficulty, What is to be done ? The removal of that class of patients, denominated boarders, appears to be imperatively demanded ; and renewed correspondence has been held with their relatives, stating this necessity, and peremptorily urging it. There are, however, but five men and three women : and the chief object that would be gained if this effort were effective, would be one step towards the limitation of the House to its proper character,--*a pauper Asylum for the reception only of County paupers.*

The law recognises only chargeable poor : and



as long as the legitimacy in detention from pecuniary circumstances can be questioned, so long must there be an apparent injustice in the exclusion of a borough pauper. A patient who is not a pauper, should hardly be detained to the exclusion of one who is; while at the same time it should be remembered that these so-called boarders, are all *old* inmates, received at a time when borough patients were not refused, and have lived on while others have been removed or died; while the ground for the exclusion of *any*, has been, and is, solely want of room. It may seem perhaps, that more than requisite stress is laid upon this point; but in addition to the hourly expectation of more paupers, applications for the admission of persons of this peculiar class, still continue. There were no fewer than four on as many successive days a short time since: and the fact is not even now sufficiently recognised and known, that the house is full to overflowing.

Many of the applicants affected by the enforcement of this statute of limitation are just among that class for which no provision is made; persons a degree or two only above pauperism, not able to pay enough for private Proprietors to admit them, and not compulsory inmates of the County Asylum: they are objects of the greatest distress, and no apparent provision is

made for their reception any where. Attempts to legalise their admission by pauperising is scarcely justifiable, and it is injurious to the patients themselves. It is *deceptive*, and interferes sadly with that salutary hold in their treatment which nothing but truth can obtain. One of our inmates, a pauperised female, now periodically violent, but in the intervals well enough to know and reason correctly on her position, can never be convinced that she is in her right place, while her relatives are in possession of the comforts, not to say the indulgences, of respectable life : and nothing excites her indignation more than to be addressed by others without the distinctive and delicate appellative, "Miss." This feeling is not morbid, it is not insane grandeur : she has been used to it, and necessarily becomes chafed at the compulsory association with others who think perhaps too little of titles. In really morbid feelings of pride, the difference is very marked, and the insane notions of self-importance clear enough. A pauper female, a short time since, refused to see a person who called on her, because she had not sent up her card : but this was evidently a prevalent monomania of insane dignity : she orders her vehicles, and dreads the damp weather : but she goes on without much disturbance in self-satisfaction with others whose modes of disregard are occasionally acting as a sort of



beneficial ballast by a happy play on her prevailing opinions. It is scarcely possible to over-estimate the well-balanced value of minutiae in the mind of a susceptible person: it is the amount of items that makes up in the aggregate the sum-total of good; and in the calculation of this moral arithmetic, it is quite certain that nothing is too small to overlook, that is in any manner productive of correct feeling and comfort. The entire impression and character of the House was satisfactorily altered in the mind of a patient by the sight as she came in, of others sitting down to dinner on earthenware: she had been told that she must eat off a wooden trencher; and her expression is, that she felt her condition in society something raised, and that she shall never forget the favourable impression.

With the desire to guard so large a body of people as the House now contains, and to preserve it, if possible, in its hitherto uninterrupted health, a suggestion has been judiciously made whether it would not be desirable at this season of surrounding sickness and wide-spreading disease, for the Medical Officer to solicit at the hands of the Committee, the permitted exercise of a discretionary power of refusal where suspicion may exist as to contagion.

A female was admitted a few weeks back with symptoms which appeared to partake chiefly of the delirium of Typhus, and to the ordinary treatment of Typhus they are now yielding. Such admissions must be hazardous, and certainly that power would be very valuable whose exercise is only a partial guard against them. If the increase of numbers cannot be prevented, perhaps the admission of disease may.

This we hope may be considered as the only dark side of the picture, the report of to-day presenting the gratifying features of an increase in discharges to the number of eleven, and a diminution in deaths to the number of twenty-one: and when the fulness of the House throughout the year, and the exhausted condition in which several as usual have been admitted, is remembered, the statement is sufficiently expressive, not only of a healthy condition, but we trust also, of a progressive success.

There has been, of late years, a vast quantity of work done by the patients; and this year it has been continued and increased; and it may be added, that notwithstanding the daily use of instruments, there has never been an accident of any kind. Improved drainage has been effected entirely on the male side; the dulness of the airing-grounds has been replaced by the



cheerfulness of the garden; and they have been made lighter and drier, and consequently more healthy, by the old walls being repaired, and their irregularities remedied. Though our hands in anticipative labour are at present full, it would be an immense improvement, and almost entirely affording work for the patients, if the whole of the lower basement stories were gradually taken up, and under-arched and re-layed as the corresponding part of the additional buildings are, or the sleeping rooms laid with deal flooring. They must, according to their present state, be cold and damp; the flags on the original contract-work were laid directly on the ground, and they necessarily imbibe the moisture continually rising; and to get out of a warm bed upon a cold flag-stone is like an electric shock. The remedy, however, is very easy, and in our own hands very inexpensive.

Amusements and relaxations are still the subject of attention, and of change also. Most people get tired of the same employment long together, and the insane are no exception. The men read but little, the women a great deal. There is occasionally an objectionable exclusiveness in selecting books, as if nothing but sacred subjects should be brought before them; whereas the works of God are just as much to be dwelt on as His Word: and there is scope

enough to select from here in the endless stores of natural history for reading within doors, and in the tillage of the soil without.

We reckoned a short time ago, that upon an average, one hundred of each sex were more or less employed: and it is chiefly with the men on that anticipative labour which is never *done*. In the garden and the fields, every season and every day brings fresh employment with it; and just that kind of employment which has excitement enough to engage the feelings of the heart, while it stimulates advantageously without distracting the powers of the brain.

The state and condition in which patients are sometimes admitted has been repeatedly referred to, but the mode of their removal on discharge has not been noticed. It is most desirable that this should be by trustworthy persons, and in the most cautious manner. A man was sent for his wife some time back in a state which would not justify her return with him; in all probability his intended sojourn with her at a public house at night, would have been followed by her re-admission the next day. The early days after discharge are most important to regulate and guard. If the stoppage on return by men at the public house could be prevented, re-admissions perhaps would not be so frequent, and some certainly not so early as

they occasionally are. It is only to add one word to the many lectures on temperance, that one could point to an inmate now who has been six times re-admitted ; and upon enquiring into each recurrence, there is a regular tale of a man, who no sooner gets free from the bondage of temporary seclusion, than he becomes more fearfully bound by the cordage of habit :—he will drink. This is the voluntary indulgence of the passions over which he will not exercise the slightest control ; and it would be in such an instance, a very unsatisfactory deduction to deny the controlling power of mind over matter. This is not an irresistible impulse ; and if the individual will not use common prudence, it is questionable if he does not stand on the ground where responsibility makes him culpable. It is true, that there may be acts committed as in cases of moral insanity (and habitual intoxication stands amongst them,) to which the patient is driven with perfect consciousness of their turpitude, and with the certainty of punishment before his eyes ; but there must always be in a well regulated mind, to say the least of it, extreme *caution* in allowing a man to be irresistibly impelled to do wrong, more especially if that wrong is coolly and deliberately and repeatedly done ; and followed (as in this case) by a very *temporary* perversion of the reasoning powers. We are much favoured in this respect



generally : very few of our inmates are so unenviably distinguished by a “skill to know what’s right, and do what’s wrong :” still the days of removal home should be, if possible, calm and quiet. The mind just recovering its healthy tone, will not bear the pressure to which it is too often unavoidably subject, and all that can be prevented in this respect, should be.

We have lately had a re-admission of a suicidal patient, whose case it may be well perhaps to mention. E. B. a female, discharged on the 12th. of August last, was re-admitted on the 18th. of October. Throughout the whole time of her absence, about nine weeks, she had been as reported, perfectly well, till a few days previous to her return. There is hereditary pre-disposition, her father having died in this Asylum in April last. Since her discharge in August, her quiet and contented manner was noticed by several of the domestics of the House, with whom she continued more or less intimate; she was full of expressions of gratitude for her own restoration, and interest about other patients she had left behind. She had been very actively employed, and gave general satisfaction to her employers. The immediate cause of her return was a self-accusation of having poisoned her brother, and declaring that she had done so with the desire to be hanged. This led to a

judicial enquiry on the death of this boy, a child fourteen years of age, and somewhat feeble in mind and body. There was no evidence on which she could be convicted, though her own confession was persisted in; and now she talks of the act with an hysterical laugh, but says she only wanted "to get accused of the intention." Now, supposing her self-accusations to be true, the disposition is rather *suicidal* than *fratricidal*. Morbid impressions may exist for months, and perhaps years, during which time, on renewed investigations, self-accusing tales may be so plausibly told as to mislead many: and in this case there was none of the sullenness and apparent stupidity which may characterise an irresistible impulse urging on to blood-thirsty destructiveness. Just before her former admission, she had tried to destroy herself and failed; and a few days before her return she had attempted to throw herself into a river, but was prevented: and these repeated failures urge her to charge herself with the destruction of her brother, as suggesting the next easiest mode of *self*-destruction. This is the suicidal impulse, and the impelling motive of this imaginary act is the desire to experience its known consequences. After other failures, this suggests itself as the readiest means for the accomplishment of the end she desires.

It is often astonishing with what tenacity a suicidal monomaniac will hold to a morbidly self-accusing conviction. There is a female living not far from the neighbourhood now, who was a patient in Nov. 1837. Her prevailing monomania was that she had poisoned her children, her apparent distress all turned on this self-accusation, and the plausible ingenuity with which she brought forward proofs of her own fancied guilt, might have shaken the mind of any one. After a time, there was a subsidence of this morbid impression, but it was only partial at first; she now declared that she had not actually poisoned them, but had "let them go about in the cold without their under-petticoats," and thus had been instrumental in their deaths, and that she deserved to be hanged. These impressions continued more or less active for some months, when on her bodily health being gradually restored, mental sanity became more permanently established, her morbid impressions ceased, and she was discharged cured, in February 1838. She continued well and comfortable, and we had frequent opportunities of seeing her till October 1844, when she was brought back in mourning for her husband just dead, and declaring most positively, that though no one knew it, she had poisoned him. Her distress was extreme for weeks; and under it she attempted self-destruction several times: she



had to be watched night and day by a nurse, outside her room door, on a bed. She would tear her hair, and complain bitterly at being allowed to live after the commission of such an act. This state of things continued for some months, when again there was a partial restoration to reason; and she said only that her husband wanted food, and she *could* have got it for him, but did not. Again, on her general health improving, her correct reasoning powers returned, and she went home to her family in 1845, well, where she has been since, and still is, engaged in her domestic duties, as an amiable mother, with comfort and contentment.

This was a very similar seizure to that of E. B. noticed above, and it is enough to shew in how very guarded a manner the term *murder* should be used: indeed it *never* should be employed to distinguish an act of this kind, supposing it committed by persons against themselves or another, without very clear proof of a *criminal intention* in the act itself, or in some circumstances which have led to its perpetration. The whole is *impulsive*: and perhaps this is the best word to express very much that one sees in daily intercourse with the insane. The first seizure is often impulsive; the continued course a scene of impulsive acts; and the end occasionally impulsive too. A suicide occurred in

February last, of a female who had only just before the act, been in the height of good humour and spirits: while the servants were continually passing her door, she tore off a piece of her sheet and effected strangulation. Such suicides are rather self-*sacrifice* than self-*murder*; there is no remorse of conscience leading to crime: and this may be considered as a very distinctive mark; and it is a mark as constantly observable now, as it is recorded to have been in the earliest records we possess. It was seen in the case of Ahithophel, under the Jewish dispensation, who in the spirit of a cool calculator could set his house in order, and “by implication, arrange his affairs, and make his will;” and in the traitor Judas under the Christian.

But there may be also impulsive restoration to reason. When the last year's Report was made, notice was taken of the condition of one of our most interesting men. Our Porter was so violent and excited for many months, that he appeared in increasing danger of sinking from maniacal exhaustion. In the midst of one of his most violent paroxysms, the Medical Officer, to whom he was always attached, and on whom he always waited with the kindness of a child, went to him, and heard him through a long charge of offences and threats. Upon leaving

him, and putting out his hand, he suddenly caught hold of it, and in the impulsive feeling of subdued violence, cried out, “you know I would not hurt you.” He regained bodily health and mental power from that time; and is now working about with the diminished energy of an *older* man, but with the hearty zeal of a well-wisher to all the household, who are as universally attached to him. He is naturally an imaginative man, and for his class of life an intellectual man; and if the reins are thrown sometimes loose on the former, he has what may be called a purifier in the latter to correct it.

The result of fear as suddenly influential on the mind, and thus acting on the body, is well known, and it may be occasionally curative in its action. It was partially so in one of our present inmates, who had not spoken for months, and only made his wants known by gestures: he was suddenly alarmed by a thunder-storm on the 15th. of July last, when he called out, and insisted with great volubility on some one remaining in his room throughout the night: but the salutary impression passed away almost with the rapidity of the lightning flash, and in the morning he relapsed into his former silence, which he has never broken since.

Such continually varying causes and effects



as present themselves on daily observation, require constant watching, in order that such objects alone may be sought for and presented to our mental wanderers, as excite agreeable and correct feelings. In all the multiplicity of their engagements there should be uniform design; that merely mechanical labour may become profitable labour, that moral culture may keep pace with agriculture, that the restless mind may find something to rest on, and the dispirited taught to look *from* their own inward gloomy vacuity, to the restorative exercise of those powers, which may lead them not to the temporary possession, but to the permanent enjoyment of their liberty.

JOHN KIRKMAN, M.D.  
*M.S. S.L.A.*

## COMMISSIONERS' REPORT.

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SUFFOLK COUNTY LUNATIC ASYLUM,  
28th. *October*, 1848.

SINCE this Asylum was visited by the Commissioners on the 27th. of November, 1847, 74 patients have been admitted, 40 have been discharged, and 26 have died.

The numbers are, at present, 5 males and 3 females, private, and 113 males, and 132 females, pauper patients—in all, 253. Of these it appears by the last entry in the Medical Journal, 9 are under medical treatment for bodily illness. Mechanical restraint is never employed in the Asylum, and no patient is reported to have been placed in seclusion.

The patients are employed as much as possible in out-door labour and household work, and on an average, 100 males and 100 females are occupied in some way.

Prayers are read regularly by the Chaplain, and generally from 50 to 60 patients attend.

We have gone over the various wards and inspected the clothing and bedding of the patients, all of which were in a clean, and most satisfactory condition.

The dietary is the same as heretofore.

We have suggested to Dr. KIRKMAN, that ward lists should in future be kept by the head attendant of each ward.

On the whole we have been much gratified by our visit, and are of opinion that the condition of the Asylum does infinite credit to the care and skill of Dr. and Mrs. KIRKMAN.

(SIGNED)

W. G. CAMPBELL, } *Commissioners*  
J. R. HUME,        } *in Lunacy.*

## APPENDIX.

### PATIENTS ADMITTED, DISCHARGED, AND DIED,

From 1st. of January to 31st. December, 1848.

	Males.	Females	Total.
Patients in the House 31st December, 1847	116	134	250
Admitted in 1848 .....	31	51	82
	147	185	332
Discharged—cured ..	13	26	39
—————relieved	0	2	2
Died.....	11	18	29
	24	46	70
Remaining in the Asylum, December 31st. 1848 .....	123	139	262



In the whole Twenty Years since the Asylum opened.

Years.	MALES.				Escaped.	FEMALES.				TOTAL.				In the House at the end of each year.				
	Admitted.	Discharged.				Died.	Admitted.	Discharged.			Died.	Escaped.						
		Cured.	Relieved.	Total.				Cured.	Relieved.	Total.			Cured.	Relieved.	Total.			
1829	72	11		11		70	9	2	11	4	142	20	2	22	15	50	55	105
1830	48	12	9	21		34	12	3	15	7	82	24	12	36	18	66	67	133
1831	42	8	4	12		45	19	3	22	10	87	27	7	34	26	80	80	160
1832	42	21	4	25		25	20	2	22	8	67	41	6	47	25	78	75	153
1833	34	18	4	22		31	14	5	19	8	65	32	9	41	22	75	79	154
1834	32	16	7	23		32	18	5	23	8	64	34	12	46	17	75	80	155
1835	39	18	9	27		40	15	8	23	6	79	33	17	50	14	79	91	170
1836	30	11	13	24		26	11	16	27	9	56	22	29	51	16	78	81	159
1837	30	13	5	18		46	17	1	18	16	76	30	6	36	27	79	93	172
1838	35	16	2	18		31	21	2	23	7	66	37	4	41	20	82	94	176
1839	29	15	5	20		53	27	9	36	6	82	42	14	56	16	80	105	185
1840	31	14	1	15		38	23	3	26	13	69	37	4	41	20	89	104	193
1841	35	16	2	18		29	16	1	17	9	64	32	3	35	22	93	107	200
1842	27	10	2	12		34	14	2	16	11	61	24	4	28	21	98	114	212
1843	33	9	6	15		34	17	5	22	16	67	26	11	37	29	103	110	213
1844	36	19	2	21		30	13		13	12	66	32	2	34	21	109	115	224
1845	42	22	3	25		40	16		16	12	82	38	3	41	25	112	127	239
1846	37	19		19		44	24	1	25	15	81	43	1	44	31	114	131	245
1847	44	16	1	17		42	13	2	15	24	86	29	3	32	48	116	134	250
1848	31	13		13		51	26	2	28	18	82	39	2	41	29	123	139	262
Total.	749	297	79	376	243	7	345	72	417	219	1524	642	151	793	462			

Average number of Patients for the Twenty Years,—188.

## ABSTRACT OF THE TWENTY-NINE DEATHS,

In the Year 1848.

No.	Age.	Sex.	Cause of Death.	Period of Residence in the Asylum.	Total duration of Insanity.	Form of Insanity.
1	55	M.	Apoplexy . . .	5 months . . .	17 months . . .	Dementia.
2	39	M.	Exhaustion . . .	6 weeks . . .	2 months . . .	Mania.
3	68	M.	Fever . . .	11 years, 10 months	11 years, 10 months	Recurrent Mania.
4	62	F.	Gradual Exhaustion . . .	6½ months . . .	14½ months . . .	Mania.
5	63	F.	Exhaustion . . .	18 years, 7 months	27 years, 7 months	Dementia.
6	82	M.	Old Age . . .	4 years, 7 months	Many years . . .	Mania.
7	74	F.	Debility. Old Age . . .	4 years, 6 months	Many years . . .	Dementia.
8	63	F.	Suicide. Strangulation	9 days . . .	Unknown . . .	Melancholia.
9	37	F.	Suicide. Strangulation	13 months . . .	9 years . . .	Mania.
10	70	F.	Old Age. Infirmary . . .	5 years . . .	7 years . . .	Senile Imbecility.
11	37	M.	General Debility . . .	12 years, 4 months	12½ years . . .	Dementia.
12	45	F.	General Debility . . .	3 years, 5 months	Many years . . .	Dementia.
13	55	M.	Exhaustion . . .	8 days . . .	11 weeks . . .	Mania.
14	44	F.	Diseased Lungs . . .	3 years, 4 months	Many years . . .	Mania.
15	25	F.	Gradual Exhaustion . . .	1 year, 4 months .	Several years . . .	Dementia.
16	61	F.	Paralysis. General Debility . . .	1 month . . .	6 months . . .	Mania.
17	48	M.	Mesenteric and general Visceral Disease . . .	14 days . . .	6 weeks . . .	Mania.
18	31	M.	Diarrhœa . . .	7 years . . .	8¼ years . . .	Dementia.
19	38	F.	Erysipelas . . .	1 month . . .	2 months . . .	Melancholia.
20	77	M.	Old Age . . .	5 months . . .	6 months . . .	Dementia.
21	48	F.	Gradual Exhaustion . . .	1½ years . . .	1 year, 7 months	Melancholia.
22	27	F.	Chronic Disease of Brain	2 years . . .	2 years, 1 month .	Idiocy.
23	45	F.	Epilepsy . . .	13 days . . .	3 weeks . . .	Mania.
24	36	M.	Gradual Exhaustion . . .	6 months . . .	25 weeks . . .	Mania.
25	48	F.	General Debility . . .	14 days . . .	Congenital . . .	Idiocy.
26	35	M.	Epilepsy . . .	14 months . . .	2¼ years . . .	Imbecility.
27	33	F.	Maniacal Exhaustion . . .	11 days . . .	17 days . . .	Mania.
28	68	F.	General Infirmary . . .	1 month . . .	4 months . . .	Dementia.
29	43	F.	Debility supervening on Typhus . . .	1 month . . .	6 weeks . . .	Typhoid Delirium.

# ADMITTED—IN THE YEAR 1848.

Cases not exceeding three months' duration and first attack.	Cases not exceeding twelve months' duration and first attack.	Cases not exceeding two years' duration and first attack.	Cases of more than two years' duration, and first attack.	Cases of those who have had previous attacks.
29	15	1	6	31

# DISCHARGED—IN THE YEAR 1848.

Cases cured, not having been Insane more than three months before admission, and discharged within six months.	Cases cured, not having been Insane more than twelve months before admission, and discharged within two years.	Cases cured, having been Insane two years and upwards, before admission.	Cases cured, having had previous attacks.	Cases not cured, discharged by desire of friends, and by order of the Magistrates, as improper objects.
12	14	3	10	2



## AGES OF PATIENTS ON ADMISSION IN 1848.

From Ten to Twenty.		Twenty to Thirty.		Thirty to Forty.		Forty to Fifty.		Fifty to Sixty.		Sixty to Seventy.		Seventy and upwards.		TOTALS.		
M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	TOTAL.
1	5	8	8	11	13	4	12	3	6	3	5	1	2	31	51	82

## AGES OF PATIENTS DIED IN 1848.

From Ten to Twenty.		Twenty to Thirty.		Thirty to Forty.		Forty to Fifty.		Fifty to Sixty.		Sixty to Seventy.		Seventy and upwards.		TOTALS.		
M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	TOTAL.
0	0	0	2	5	5	1	5	2	0	1	6	2	0	11	18	29

# DIET TABLE OF THE SUFFOLK LUNATIC ASYLUM.

December 31, 1848.

DAY.	BREAKFAST.	DINNER.	SUPPER.
SUNDAY.	Milk Gruel and 6ozs. of Bread each, Oatmeal 12lbs. & 6galls. of Milk for about 200 Patients.	Males, 8ozs. Bread, 1½oz. Cheese, and ¾-pint Beer. Females, same, except 1oz. less bread.	Males, ½lb. Bread, ¾oz. Butter, and ½ pint'lea. Females, same, except 1oz. less Bread.
MONDAY.	Ditto.	Males, 6ozs. Meat, 4ozs. Bread, ¾- pint Beer, and Vegetables. Fe- males, same, with 1oz. less Meat.	Males, ½lb. Bread, 1½oz. Cheese, and ¾ pint Beer. Females, same, with 1oz. less Bread.
TUESDAY.	Ditto.	Soup from Monday, with additional Meat, and 6ozs. Bread each.	Same as Sunday.
WEDNESDAY.	Ditto.	Males, Suet Dumpling of 1lb. and Females, one of ¾lb. with ¾-pint Beer each.	Same as Monday.
THURSDAY.	Ditto.	Same as Monday.	Same as Wednesday.
FRIDAY.	Ditto.	Same as Tuesday.	Same as Tuesday.
SATURDAY.	Ditto.	Same as Wednesday.	Same as Thursday.

In reference to this Dietary, it may be well to remark, generally, that this Asylum is conducted very much on the principle of a large domestic family, and several Patients, especially when sick, are supplied from the Superintendent's table.

TABLE SHEWING THE NUM

Through the Twenty Years since the Asylum opened, with a To

Years.	1829.			1830.			1831.			1832.			1833.			1834.			1835.			1836.			1837.			1838.			1839.
Mons.	Males.	Females.	Total.	Males.	Females.	Total.	Males.	Females.	Total.	Males.	Females.	Total.	Males.	Females.	Total.	Males.	Females.	Total.	Males.	Females.	Total.	Males.	Females.	Total.	Males.	Females.	Total.	Males.	Females.	Total.	
Jan.	26	39	65	2	2	4	10	3	13	3	3	6	5	1	6	2	5	7	2	2	4	3		3	1	1	2	2		2	4
Feb.	5	2	7	2	2	4	3	4	7	3		3	3	3	6	4	3	7	3		3	2	5	1	6	7	1	3	4	2	
Mar.	4	3	7	5	3	8	1	3	4	4	3	7	1		1	8	2	10	2		2	4	3	7	3	2	5	3	1	4	2
April	8	6	14	5	3	8	3	5	8	7	7	14	7	4	11	4	3	7	6	3	9	2	2	4	6	2	8	1	3	4	2
May	3	3	6	4	2	6	1	3	4	3	1	4	4	3	7	2		2	4	2	6	2	1	3	3	4	7	3	4	7	4
June	8	3	11	5	5	10	1	3	4	3	3	6		2	2		1	1	3	2	5	4	2	6	5	5	10	5	2	7	1
July	3	1	4	9	1	10	4	6	10	3	4	7	6	4	10	3	5	8	3	6	9	3	3	6	2	3	5	6	8	14	3
Aug.	3		3	5	1	6		7	7	4	2	6		4	4	1	5	6	2	7	9	2	4	6	2	4	6	1	1	2	2
Sep.	4	2	6	4	3	7	4	1	5	1		1	2	1	3	1	1	2	2	3	5	2	6	8	2	8	10	1	2	3	1
Oct.	5	7	12	1	5	6	5	2	7	2	2	4	2	4	6	3	4	7	2	3	5	1	1	2	1	4	5	5	2	7	4
Nov.	1	1	2	3	3	6	5	3	8	2		2	4	4	8	2	3	5	6	5	11	3	2	5	2	3	5	6	2	8	3
Dec.	2	3	5	3	4	7	5	5	10	7		7		1	1	2		2	4	7	11	1		1	2	4	6	1	3	4	1
	72	70	142	48	34	82	42	45	87	42	25	67	34	31	65	32	32	64	39	40	79	30	26	56	30	46	76	35	31	66	29

DEGREE OF EDUCATION TABLE OF THE 262 PATIENTS NOW IN THE HOUSE.

Ending December 31, 1848.

	Males.	Females.	Total.
Well educated .....	26	12	38
Can read and write .....	20	41	61
Can read only .....	38	55	93
Cannot read .....	27	28	55
Not ascertained .....	12	3	15
Total.....	123	139	262
TABLE OF MARRIED AND SINGLE.			
	Males.	Females.	Total.
Married .....	34	66	100
Single .....	89	73	162
Total.....	123	139	262



## MONTHLY ADMISSIONS,

for the Twelve Months, ending 31st. December, 1848.

1840.		1841.		1842.		1843.		1844.		1845.		1846.		1847.		1848.		TOTAL.										
Females.	Total.	Males.	Females.	Total.	Males.	Females.	Total.	Males.	Females.	Total.	Males.	Females.	Total.	Males.	Females.	Total.	Males.	Females.	Total.									
3	7	2	3	5	3		3	1	1	2	3	5	1	7	8	4	5	9	4	4	8	4	6	10	84	93	177	
3	5	2	3	5	3	3	6	1	1	2	4	6	4	0	4	2	3	5	4	2	6	2	2	4	51	50	101	
5	9	1	2	3	2	1	3	2	4	6	3	1	4	4	2	6	3	4	7	1	3	4	6	6	57	55	112	
8	10	6		6	5	1	6	1	6	7	2	1	3	3	3	6	7	7	14	4	3	7	3	5	8	84	76	160
2	5	1	1	2	1	2	3	6	1	7	6	2	8	7	0	7	6	2	8	7	6	13	4	6	10	74	48	122
2	6	7		7	1	8	9	4	7	11	5	2	7	5	4	9	2	3	5	5	4	9	3	5	8	71	68	139
3	6	3	5	8	4	3	7	7	1	8	2	4	6	5	3	8	3	5	8	3	7	10	3	2	5	78	80	158
2	4	2	2	4	1	2	3	4	3	7	6	2	8	3	4	7	3	2	5	4	1	5	1	3	4	48	60	108
	8	3	5	8	3	4	7	2	6	8	4	4	8	3	1	4	3	2	5	2	5	7		2	2	48	58	106
2	2	1	1	2	2	1	3	1	3	4		2	2	2	7	9	1	4	5	2	2	4	3	5	8	42	64	106
6	7	5	2	7	2	2	4	3		3	1	4	5	5	2	7	1	5	6	2	2	4	5	6	11	62	60	122
2	5	2	5	7		7	7	3	1	4	3	1	4		7	7	2	2	4	6	3	9	3	3	6	50	63	113
38	69	35	29	64	27	34	61	33	34	67	36	30	66	42	40	82	37	44	81	44	42	86	31	51	82	749	775	1524

## HEADS OF EXPENDITURE,

Ending December 31, 1848.

		£.	s.	d.
Meat, lbs. ....	41722	1130	11	4
Bread, loaves of $4\frac{1}{4}$ lbs. each..	30505	821	15	6
Flour, sts. ....	840	84	7	6
Butter, lbs. ....	2780	122	13	0
Oatmeal, lbs. ....	5075	47	4	1
Tea, lbs. ....	450	95	3	0
Cheese, lbs. ....	7474	174	3	7
Soap, lbs. ....	7926	150	3	7
Grocery ....		184	15	8
Candles, lbs. ....	1234	35	7	7
Coals, tons. ....	358	342	16	6
Wood, loads ....	22	22	0	0
Medicines ....		77	19	11
Beer ....		299	7	11
Clothing ....		654	4	10
Sundries ....		94	15	6
Salaries and Wages. ....		957	10	6
Total. ....		5295	0	0

TABLE SHEWING THE WEEKLY AND ANNUAL  
CHARGE FOR EACH PATIENT, SINCE THE  
ASYLUM OPENED.

Years.	1st. Quarter.		2nd. Quarter.		3rd. Quarter.		4th. Quarter.		Annual Charges.		
	<i>s.</i>	<i>d.</i>	<i>s.</i>	<i>d.</i>	<i>s.</i>	<i>d.</i>	<i>s.</i>	<i>d.</i>	£.	<i>s.</i>	<i>d.</i>
1829	12	2	8	2	7	0	8	2	22	19	10
1830	7	7	6	5	5	3	7	0	17	1	3
1831	7	0	7	7	5	10	7	0	17	16	5
1832	6	5	5	10	5	10	5	10	15	10	11
1833	5	10	5	10	5	3	5	10	14	15	9
1834	5	10	5	3	5	10	5	10	14	15	9
1835	7	0	5	3	4	8	5	10	14	15	9
1836	5	10	5	3	5	10	5	10	14	15	9
1837	7	0	5	10	5	10	5	10	15	18	6
1838	6	5	5	10	5	10	6	5	15	18	6
1839	7	0	6	5	5	10	6	5	16	13	8
1840	7	0	6	5	6	5	7	0	17	8	10
1841	7	0	6	5	6	5	7	0	17	8	10
1842	7	0	6	5	5	10	6	5	16	13	8
1843	6	5	5	10	5	10	6	5	15	18	6
1844	6	5	6	5	6	5	6	5	16	13	8
1845	7	0	6	5	5	10	6	5	16	13	8
1846	7	0	7	0	6	5	7	7	18	4	0
1847	7	7	8	2	8	9	7	7	20	17	1
<b>1848</b>	8	2	8	2	8	2	8	9	21	12	3

## FARMING ACCOUNT FOR TWO YEARS,

Ending June, 1848.

	£.	s.	d.
Cost of Milk and Butter for two years, ending June, 1846 .....	200	16	9
Expences for the Cows for two years, ending June, 1848 :—			
Dairy Maid—Board and Wages.....	40	0	0
Incidental Expences .....	2	0	0
Rates for Land, &c. ....	6	4	11
Tythes .....	7	0	0
Oil Cake .....	8	6	0
Carrots .....	13	8	0
Bran, &c. ....	1	15	8
Thatching Stack, and Refreshments ....	2	0	0
Rent for Land, at the rate of the two preceding years .....	90	0	0
Savings in the two years .....	30	2	2
Total.....	200	16	9

N.B. In hand, 8£. for Calves.

**Finis.**



